

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street)

1445 New York Avenue NW

Ste 800

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00359539

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☒ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

IL

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Debnar, Steven, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Debnar, Steven, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
10		19		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2016</td></tr></table>	Y	Y	Y	Y	Y	Y	2016							<table><tr><td colspan="6">157033.61</td></tr></table>	157033.61					
Y	Y	Y	Y	Y	Y															
2016																				
157033.61																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">115452.33</td></tr></table>	115452.33																		
115452.33																				
(c) Total Receipts (from Line 19)	<table><tr><td colspan="6">16812.65</td></tr></table>	16812.65						<table><tr><td colspan="6">626839.57</td></tr></table>	626839.57											
16812.65																				
626839.57																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">132264.98</td></tr></table>	132264.98						<table><tr><td colspan="6">783873.18</td></tr></table>	783873.18											
132264.98																				
783873.18																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">14872.86</td></tr></table>	14872.86						<table><tr><td colspan="6">666481.06</td></tr></table>	666481.06											
14872.86																				
666481.06																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="6">117392.12</td></tr></table>	117392.12						<table><tr><td colspan="6">117392.12</td></tr></table>	117392.12											
117392.12																				
117392.12																				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15335.98	566152.60
(ii) Unitemized	1476.67	60686.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16812.65	626839.57
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	16812.65	626839.57
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16812.65	626839.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16812.65	626839.57

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	372.86	14981.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	372.86	14981.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	627500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	24000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14872.86	666481.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14872.86	666481.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16812.65	626839.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16812.65	626839.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	372.86	14981.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	372.86	14981.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Abuav, Rachel, , ,

Mailing Address 3231 Dona Emilia Dr

City
Studio City

State
CA

Zip Code
91604-4312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cedars-Sinai Medical Group

Occupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 04 / 2016

Transaction ID : 63D1E83C-B678-4712-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Andrews, Tricia, R., ,

Mailing Address 7744 Deerwood Point Ct

City
Jacksonville

State
FL

Zip Code
32256-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Jacksonville Dermatology Assoc, PL

Occupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

10 / 18 / 2016

Transaction ID : 4789AB4E6CE162EE27A3-

Amount of Each Receipt this Period

41.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bender, Mitchell, Elliott, ,

Mailing Address 1818 James Ave S

City
Minneapolis

State
MN

Zip Code
55403-2829

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dermatology Specialists

Occupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 08 / 2016

Transaction ID : 55DDA609-4235-426A-

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

591.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Benedict, Linda, M., ,

Mailing Address 3920 Paces Mnr SE

City
AtlantaState
GAZip Code
30339-4400FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Georgia Skin SpecialistsOccupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2016

Transaction ID : 2B088E1A-C885-4664-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bhatt, Roopal, S., ,

Mailing Address 10621 Milky Way

City
AustinState
TXZip Code
78730-1455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Four Points DermatogoyOccupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2016

Transaction ID : FD7DA483-1EAD-4569-

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brelsford, Megan, Ann, ,

Mailing Address 1058 E Ocean View Ave

City
NorfolkState
VAZip Code
23503-2000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Naval Medical Center PortsmouthOccupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2016

Transaction ID : 46FEB1EFBAE19CC37B1C

Amount of Each Receipt this Period

41.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1541.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burns, Carrine, A., ,

Mailing Address 91 Lower Flying Point Rd

City

Freeport

State

ME

Zip Code

04032-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bates Mill Dermatology

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3425.95

Date of Receipt

10 / 03 / 2016

Transaction ID : 6A85337B00554F5B955

Amount of Each Receipt this Period

416.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Burns, Carrine, A., ,

Mailing Address 91 Lower Flying Point Rd

City

Freeport

State

ME

Zip Code

04032-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Bates Mill Dermatology

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3425.95

Date of Receipt

10 / 13 / 2016

Transaction ID : D64C9BCB6C4EECEBDC7

Amount of Each Receipt this Period

509.26

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Chapel, Thomas, Austin, ,

Mailing Address 9348 Fellows Creek Dr

City

Plymouth

State

MI

Zip Code

48170-6348

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2016

Transaction ID : 30473C8541B93D081C9

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1425.93

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cockerell, Clay, J., ,

Mailing Address 4312 Arcady Ave

City
DallasState
TXZip Code
75205-3704FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cockerell DermatopathologyOccupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 03 / 2016

Transaction ID : 7DD83B5459C77E07C46

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cockerell, Clay, J., ,

Mailing Address 4312 Arcady Ave

City
DallasState
TXZip Code
75205-3704FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cockerell DermatopathologyOccupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 13 / 2016

Transaction ID : 32D863C16B304E52373

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Coldiron, Brett, M., ,

Mailing Address 1105 River Hill Dr

City
CovingtonState
KYZip Code
41011-1123FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Skin Cancer CenterOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3333.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2016

Transaction ID : 1356E272606B3DC1F37

Amount of Each Receipt this Period

833.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1833.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Golda, Nicholas, J., ,

Mailing Address 1202 E Pierpont Meadows Rd

City
ColumbiaState
MOZip Code
65201-9308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Missouri Medical Center

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Transaction ID : 48E09A1356A310796AD3

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Haberle, Sasha, Jenkins, ,

Mailing Address 3912 Huckleberry Rd

City
CharlotteState
NCZip Code
28210-6431FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dermatologists of Southwest OhioOccupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2016

Transaction ID : DFB3FB89-CDB7-4D55-

Amount of Each Receipt this Period

260.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Helfrich, Yolanda, Rosi, ,

Mailing Address 3100 Pittsview Dr

City
Ann ArborState
MIZip Code
48108-2902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Univ of Michigan

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : 58DE3D817BDFF151387

Amount of Each Receipt this Period

125.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

435.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Helfrich, Yolanda, Rosi, ,

Mailing Address 3100 Pittsview Dr

City
Ann ArborState
MIZip Code
48108-2902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univ of MichiganOccupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : EC2B7D52ED3C94E6C5D

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Horvath, Brian, , ,

Mailing Address 137 Hoodridge Dr

City
PittsburghState
PAZip Code
15228-1803FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Horvath Dermatology AssociatesOccupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2016

Transaction ID : 1ACAC738-80A1-4AAB-

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jochen, Timothy, Mark, ,

Mailing Address 37380 Marx Rd

City
Rancho MirageState
CAZip Code
92270-2528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Contour DermatologyOccupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2016

Transaction ID : C6E99AF8-91D2-42F3-

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 23

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kelly, Sharon, B., ,Mailing Address 14030 NE 24th Street
Suite 202City
BellevueState
WA

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eastside Dermatology inc. PSOccupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

Transaction ID : A7155E2E817C28FD8F2

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. King, Roy, , ,Mailing Address 10207 Thimble Fields Dr
Ste 204City
KnoxvilleState
TNZip Code
37922-5656FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dermatopathology Partners PCOccupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

Transaction ID : F48534D0-2728-43DE-

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Konerding, Hazle, Smith, ,

Mailing Address 205 Cyril Ln

City
RichmondState
VAZip Code
23229-7740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Dermatology PCOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : 659730A14DE4CF4FBE5

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Konerding, Hazle, Smith, ,

Mailing Address 205 Cyril Ln

City
Richmond

State
VA

Zip Code
23229-7740

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Commonwealth Dermatology PC

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 13 / 2016

Transaction ID : B7170AFF00E38790436

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kostuchenko, Paul, , ,

Mailing Address 3129 Allerton Lake Dr

City
Winston Salem

State
NC

Zip Code
27106-4481

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Westgate Dermatology and Laser Center,

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : 9DAB01119B0BA3F5ED1

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Maldonado, Janet, Lynn, ,

Mailing Address 585 Pullman Rd

City
Hillsborough

State
CA

Zip Code
94010-6748

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Peninsula Dermatology Medical Group

Occupation (for Individual)
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2016

Transaction ID : 5A88ED8E-D2D2-4239-

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

950.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mathias, C.G., Toby, ,

Mailing Address 539 Laramie Trl

City
Wyoming

State
OH

Zip Code
45215-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2016

Transaction ID : 788A4B9C-7DF7-497A-

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Miller, Elaine, Kay, ,

Mailing Address 5310 Temple Hall Hwy

City
Granbury

State
TX

Zip Code
76049-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

The Dermatology Spot

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 08 / 2016

Transaction ID : DFDC7C76-1914-4FB7-

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Peterman, Angela, R., ,

Mailing Address 520 Horn Point Dr

City
Annapolis

State
MD

Zip Code
21403-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anne Arundel Dermatology

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 05 / 2016

Transaction ID : FB76E2F8-97DD-49FA-

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Poole, Jeffrey, Carter, ,

Mailing Address 172 W Oakridge Park

City
Metairie

State
LA

Zip Code
70005-4021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Poole Dermatology

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 17 / 2016

Transaction ID : 06AB63069D9BCD30136

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sawada, Kathleen, Y., ,

Mailing Address 16608 W 69th Cir

City
Arvada

State
CO

Zip Code
80007-7675

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Accent Dermatology and Laser Institute

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 04 / 2016

Transaction ID : 8EA1EAB3-2A20-4BC4-

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Scott, Jared, M., ,

Mailing Address 1906 S Vista Ave

City
Boise

State
ID

Zip Code
83705-3453

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Idaho Skin Surgery Center, PC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 12 / 2016

Transaction ID : 94E5510A-9233-4702-

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Siegel, Daniel, M., ,

Mailing Address 33 Hitherbrook Rd

City

Saint James

State

NY

Zip Code

11780-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Long Island Skin Cancer And Dermatolog

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 03 / 2016

Transaction ID : AB63815EEA021186A5D

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Siegel, Daniel, M., ,

Mailing Address 33 Hitherbrook Rd

City

Saint James

State

NY

Zip Code

11780-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Long Island Skin Cancer And Dermatolog

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 13 / 2016

Transaction ID : BB3B8CC57626FAA0612

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Soares, Temitope, F., ,

Mailing Address 30 N Player Manor Cir

City

The Woodlands

State

TX

Zip Code

77382-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Advanced Associates in Dermatology

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 13 / 2016

Transaction ID : D130A989054C9E52632

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sonnier, George, B., ,

Mailing Address 6410 Lime Ridge Pl

City
LouisvilleState
KYZip Code
40222-6331FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : C1DD59C3CEF7E3D6B73

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sullivan, Sabra, , ,

Mailing Address 242 Hidden Oaks Dr

City
RidgelandState
MSZip Code
39157-7000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Dermatology Associates, LLC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2375.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : 2F62DEB54F78C5920B5

Amount of Each Receipt this Period

208.37

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yarbrough, Glenn, Kevin, ,

Mailing Address 3302 N Miller Rd
Ste DCity
ScottsdaleState
AZZip Code
85251-6489FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2016

Transaction ID : 8054EA43-7267-48B7-

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1133.37

TOTAL This Period (last page this line number only).....▶

15335.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
PhoenixState
AZZip Code
85072Purpose of Disbursement
Amex Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : V0C420B0E9

Amount of Each Disbursement this Period

136.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address PO Box 6603

City
HagerstownState
MDZip Code
21741Purpose of Disbursement
VS/MC Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : V1F6A24EBE

Amount of Each Disbursement this Period

236.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

372.86

TOTAL This Period (last page this line number only).....▶

372.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2016

Mailing Address PO Box 426

City
StevensvilleState
MDZip Code
21666Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Harris, Andrew, P., ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 01

FEC Identification Number

C C00435974**Transaction ID : 83220128A93**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BADGERPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2016

Mailing Address PO Box 184

City
La CrosseState
WIZip Code
54602Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

BADGERPACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) Contribution

State: District:

FEC Identification Number

C C00382242**Transaction ID : 92D1D7009Df**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BADGERPAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2016

Mailing Address PO Box 184

City
La CrosseState
WIZip Code
54602Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

BADGERPACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) Contribution

State: District:

FEC Identification Number

C C00382242**Transaction ID : 682D92DC9E**

Amount of Each Disbursement this Period

-2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Brian Fitzpatrick for Congress

Mailing Address PO Box 939

City
LanghorneState
PAZip Code
19047Purpose of Disbursement
2016 General

011

Candidate Name

Fitzpatrick, Brian, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	1	6		

FEC Identification Number

C C00607416**Transaction ID : 35476741A4E**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Diane Black for Congress

Mailing Address PO Box 1437

City
GallatinState
TNZip Code
37066-1437Purpose of Disbursement
2016 General

011

Candidate Name

Black, Diane, Lynn, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: TN

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	0			2	0	1	6		

FEC Identification Number

C C00472878**Transaction ID : 8C563B99A7/**

Amount of Each Disbursement this Period

-500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends for Chris Stewart, Inc.

Mailing Address PO Box 22

City
FarmingtonState
UTZip Code
84025-0022Purpose of Disbursement
2016 General

011

Candidate Name

Stewart, Christopher, Douglas, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: UT

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	2			2	0	1	6		

FEC Identification Number

C C00506931**Transaction ID : 48E0DA41F8**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Cheri Bustos

Mailing Address 1050 17th St NW Ste 590

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
2016 General

011

Candidate Name

Bustos, Cheryl, L., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			18			2016					

FEC Identification Number

C C00498568**Transaction ID : ED8D7BA2A!**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jamie Raskin for Congress

Mailing Address PO Box 5418

City
Takoma ParkState
MDZip Code
20913Purpose of Disbursement
2016 General

011

Candidate Name

Raskin, Jamie, B., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MD

District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			18			2016					

FEC Identification Number

C C00575126**Transaction ID : 8F2F4261A8E**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kansans for Marshall

Mailing Address PO Box 1588

City
Great BendState
KSZip Code
67530Purpose of Disbursement
2016 Primary Debt Retirement

011

Candidate Name

Marshall, Roger, W., ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			18			2016					

FEC Identification Number

C C00576173**Transaction ID : 4F24B73AAA**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Kim Myers for Congress

Mailing Address PO Box 1255

City
VestalState
NYZip Code
13851Purpose of Disbursement
2016 General

011

Candidate Name

Myers, Kim, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 22

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	1	6		

FEC Identification Number

C C00610642**Transaction ID : 3486C5A32A**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Larson for Congress

Mailing Address PO Box 261172

City
HartfordState
CTZip Code
06126-1172Purpose of Disbursement
2016 General

011

Candidate Name

Larson, John, Barry, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CT

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	1	6		

FEC Identification Number

C C00330142**Transaction ID : 952A74FDE4**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lois Frankel for Congress

Mailing Address PO Box 812421

City
Boca RatonState
FLZip Code
33481Purpose of Disbursement
2016 General

011

Candidate Name

Frankel, Lois, Jane, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: FL

District: 21

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	2			2	0	1	6		

FEC Identification Number

C C00494856**Transaction ID : EB17CF04B5**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn for Congress, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	1	6		

Mailing Address PO Box 3750

City
BrentwoodState
TNZip Code
37024-3750Purpose of Disbursement
2016 Primary

011

Candidate Name

Blackburn, Marsha, Wedgeworth, ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District: 07

FEC Identification Number

C C00376939

Transaction ID : D73E06D2A1

Amount of Each Disbursement this Period

-500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Narragansett Bay PAC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	1	6		

Mailing Address PO Box 8628

City
CranstonState
RIZip Code
02920Purpose of Disbursement
2016 Contribution

011

Candidate Name

Narragansett Bay PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify)

State:

District:

Contribution

FEC Identification Number

C C00403592

Transaction ID : 29D1D4DEFC

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schiff for Congress

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	0			2	0	1	6		

Mailing Address 777 S. Figueroa St., Ste. 4050

City
Los AngelesState
CAZip Code
90017Purpose of Disbursement
2016 General

011

Candidate Name

Schiff, Adam, Bennett, ,Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 28

FEC Identification Number

C C00343871

Transaction ID : 3E18B7F035

Amount of Each Disbursement this Period

-1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

14500.00